

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7	1					
8	1					
9	1					
10		1				
11		5				
12		5				
13		5				
14		5				
15		5				
16		5				
17		5				
18		5				
19		5				
20	1					
21	1					
22	1					
23	1					
24	5					
25	5					
26	5					
27	5					
28	5					
29	5					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	92	↔	↔	↔		
TOTAL CLAIMS	100					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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92						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						